PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

a. Applicant claims SNA/LL ENTITY status. See 37 CFR 1.27.

Keith H. Orum

NOTE: The Issue Fee and Finterest as shown by the rec

Authorized Signature

Typed or printed name

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.

31 May 2007

33985

lication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in sof the University States Patent and Trademark Office.

or Fax (571)-273-2885

CATION FEE (if required). Blocks 1 through 5 should be completed where

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed perom of affected on	or transmitting the 1550 g the Patent, advance of the patent, advance of the patent in Block 1, by (a	i, speen, ing a new or		,		` ,			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
ORUM & RO 53 W. JACKSO CHICAGO, IL 6	4 2007	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			E/		Sarah Wang		(Depositor's name)			
		TO TRA	BEAMAGES!		daral	2 U	iang		(Signature)	
					31 May 200	7			(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FÎRST NÂMED ÎNVEN	VTÖR 7		ATTO	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/636,080	Takeshi Murata		13547	13547 9823						
TITLE OF INVENTION: BOTTOM VALVE APPARATUS OF HYDRAULIC SHOCK ABSORBER 06/05/2007 NGEBREN2 00000009 10636080 01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP										
A DOLLA TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU		TOTAL FEE(S) DUE		DATE DUE	
APPLN. TYPE	NO	\$1400	\$300		\$0		\$1700	0)7/30/2007	
		T			1			/		
EXAMINER .		ART UNIT	188-322140							
SCHWARTZ, CHRISTOPHER P 3683			2. For printing on the patent front page, list							
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or typ	oe)	:_ :_	lantified halow the d	naumant h	as been filed for	
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	T a substitute for filing	ne pa	assignment.	ice is ic	entified below, the d	beament i	as occur med to	
(A) NAME OF ASSI			(B) RESIDENCE: (C	CITY	and STATE OR (COUNT	'RY)		•	
SHOWA CO	RPORATION		Saitam	ıa,	JAPAN		•			
Please check the approp	riate assignce category of	r categories (will not be p	rinted on the patent):		Individual C	orporati	on or other private gro	oup entity	Government	
4a. The following fee(s) X Issue Fee	are submitted:	.	b. Payment of Fee(s):		se first reapply a	ny prev	riousły paid issuę fee	shown ab	ove)	
Publication Fee (1	Payment by credit card. Form PTO-2038 is attached.									
Advance Order -		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-2219 (enclose an extra copy of this form).								
5. Change in Entity Sta	itus (from status indicate	d above)								

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.